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Applying Benner's 'novice to expert' theory in wound care nursing higher education and practice

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BENNER'S 'NOVICE TO EXPERT' THEORY IN WOUND CARE NURSING EDUCATION AND PRACTICE: A QUALITATIVE MULTIMETHOD RESEARCH STUDY PROTOCOL TO EXPLORE THE WIDER EFFECTS OF POLICY ENACTMENT.

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BACKGROUND: Benner's acclaimed 'novice to expert' nursing theory⁽¹⁾, published in 1984, assumes a generalised uninterrupted upward trajectory of knowledge and competence and remains the popular choice to inform curriculum design today. However, research findings suggest that due to significant variables in, for example, education, knowledge, experience, competency, job description, pay grade and designation across the UK^(2,3), such a linear progression cannot be easily reproduced in wound care nursing. Despite extensive calls for standardisation in education and in clinical practice⁽⁴⁾, there remains a lack of understanding about how regulatory, health and professional body wound care policies are being enacted in these organisations and to what extent this impacts on Benner's claim of seamlessly attaining 'expert' status within the wound care nursing context.



Characteristics associated with each stage			
Novice step-by-step directions scaffolding frequent feedback structured practice	Apprentice groupwork application self-evaluation inquiry/research	Practitioner more significant concepts open inquiry more resources more problem solving	Expert transdisciplinary challenges self-directed projects collaboration innovation

What students need at each stage			
Novice concrete literal needs constant guidance seeks affirmation regularly	Apprentice begins to make connections begin to apply skills seeks affirmation after completion	Practitioner manipulates multiple concepts able to synthesise and generalise metacognition	Expert able to evaluate and create self-directed looks for new learning opportunities

Phase 1

- **Critical Discourse Analysis (CDA)**
- CDA of selected policy texts to obtain problematic concepts in wound care policy enactment and will inform Phase 2 (Phases 2 and 3 will analyse datasets from an e-Learning post-registration Level 9 wound care module delivered at the University of the West of Scotland).

Phase 2

- **Directed Qualitative Content Analysis (DQCA) of Secondary Data**
- DQCA of retrospective students' on-line asynchronous discussion posts to evidence Phase 1 concepts and develop instrument/topic guide for Phase 3.

Phase 3

- **Thematic Analysis (TA) of Synchronous On-line Student Focus Group**
- TA to triangulate, unitise and develop findings to inform conclusions.

RESEARCH METHODOLOGY: A 3 phase sequential qualitative multimethod research design⁽⁵⁾ will generate the required different levels of data; policy, practice and education.

Combining different methods of analysis of the same generic qualitative type, is suitable to explain 'what is happening?' by using a series of inter-related questions within the broad topic and is specifically designed to solve the overall problem. The design of the study depends on the results from the previous phase.

RESULTS: Each phase is interdependent and together provides a more comprehensive picture than either would alone.

CONCLUSIONS: Each phase cohesively informs and integrates with the next, moving from an understanding of how policy level informs wound care education and practice to potentially reveal factors that disrupt the application of Benner's theory, which will then, in turn, inform the development of a new wound care nursing education framework and pedagogy.

